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HEALTH CARE FACILITY

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FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BOULEVARD TERRACE B. WING		(X3) DATE SURVEY COMPLETED 11/08/2010
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations during the survey it was determined the facility failed to maintain the physical environment as required.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 11/8/10, at 10:40 a.m., observation within room 40 revealed the sheet rock wall next to the resident's headboard was damaged. Tennessee Department of Health (TDOH) 1200-8-6-.08(2) On 11/8/10, at 10:50 a.m., observation within room 46 revealed the sheet rock wall next to the resident's headboard was damaged. TDOH 1200-8-6-.08(2) On 11/8/10, at 11:20 a.m., observation within the laundry room revealed two of the ceiling tiles were water damaged. TDOH 1200-8-6-.08(2) <p>These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit interview on 11/8/10.</p>	N 832	<p>Rooms 40 and 46 will be repaired and painted by Maintenance staff.</p> <p>To identify other areas, an audit of rooms will be accomplished by the Administrator and Maintenance Director and any identified areas repaired and painted.</p> <p>Use of medical equipment and proper use of beds and bedrails will be the topic of mandatory inservice with CNAs, nurses and environmental services staff. These will be conducted by the Administrator and Maintenance Director.</p> <p>Laundry ceiling tiles were replaced by Maintenance Director</p> <p>The administrator and maintenance director will make walking rounds together weekly for one month, then monthly thereafter to assure areas are being identified and addressed.</p>	<p>11-25-201</p> <p>12-17-2010</p> <p>12-05-2010</p> <p>11-08-2010</p> <p>12-17-2010</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 1